

Finance – One Washington Square – San José, CA 95192-0008

Main: 408-924-1558

*This form is used in conjunction with [Direct Payment and Employee/Student Reimbursement](#)<sup>1</sup> requests to provide additional information for supporting documents [i.e. receipts, invoices, request for payment of stipends, and guest speakers]. Upload this form along with supporting documents for your request in [Financial Transaction Services](#)<sup>2</sup> [FTS]. **Note:** The Generic Invoice is not required when supporting documents alone provide adequate information to process the request.*

**I. Requester Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_

**II. Invoice or Receipt Information**

Invoice or Reference Number<sup>3</sup> \_\_\_\_\_  
 If this invoice is for services, where was service was performed?      California      Other [specify]<sup>4</sup>: \_\_\_\_\_  
 Receipt or Service Date[s]: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**III. Pay To [Payee] or Receipt Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Home or Store Address<sup>5</sup> \_\_\_\_\_  
 University Affiliation:      Employee      Student      Other [specify]: \_\_\_\_\_

**IV. Item Description** [Complete a line for each receipt to reimburse or total fee for service.]

Service	Goods	Description	Amount

**Grand Total:** \_\_\_\_\_

**V. Certification/Requester Authorization**

I hereby certify that the above goods/services were provided or obtained specifically for San José State University business.

Payee/Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> <https://www.sjsu.edu/fabs/services/p2p/pay/index.php>

<sup>2</sup> <https://one.sjsu.edu>

<sup>3</sup> If no number, then use the first 4 letters of payee’s last name and date of service. Ex: Jane052324 .

<sup>4</sup> City and State or Country. Example: San Jose, CA or Paris, FRA

<sup>5</sup> Provide number, street, city, state and zip code.